

**Introduced by Senator Perata**

January 25, 2006

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An act to add Section 6403.5 to the Labor Code, relating to health facilities.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 1204, as introduced, Perata. Hospitals: lift teams.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, establishes certain safety and other responsibilities of employers and employees, including, but not limited to, the requirement that no employer shall fail or neglect to provide safety devices or safeguards reasonably necessary to render the employment safe. Willful or repeated violations are a crime.

This bill would require each general acute care hospital to establish a health care worker back injury prevention plan. This bill would require each hospital to conduct a needs assessment that utilizes a lifting, repositioning, and transferring process identifying patients needing lift teams, lifting devices, and lifting equipment.

This bill would require hospitals to implement a “zero lift policy” for all shifts, to utilize lift teams, lifting devices, and lifting equipment, and to train health care workers on the appropriate use of lifting devices and equipment. This bill would require lift team members to receive specialized training and to demonstrate proficiency in safe techniques for lifting, repositioning, or transferring patients and the appropriate use of lifting or transferring devices and equipment.

This bill would provide that a health care worker who refuses to lift a patient could be disciplined, if the worker had been trained on appropriate patient and equipment lifting procedures and has appropriate,

functional lifting devices and equipment available to perform the requested lift.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. This act shall be known and may be cited as the  
2 Patient Safety and Health Care Worker Protection Act.

3 SEC. 2. The Legislature finds and declares the following:

4 (a) Health care workers, 95 percent of whom are women, lead  
5 the nation in work-related musculoskeletal disorders (MSDs). In  
6 1999, the United States Bureau of Labor Statistics (BLS) identified  
7 “health care patient” as the source of 59,002 MSDs. In 2000, BLS  
8 data showed that certified nurse assistants, registered nurses, and  
9 licensed practical nurses together suffered 62,332 MSDs--17,005  
10 more than truck drivers listed as number one with 45,327 MSDs.  
11 Health care workers equaled 138 percent, above “first place” for  
12 work-related MSDs.

13 (b) California’s nursing workforce is aging at the same time  
14 patient acuity and obesity is rising. It is imperative that we protect  
15 our registered nurses and other health care workers from injury,  
16 and provide patients with safe and appropriate care. At a cost of  
17 between forty thousand dollars (\$40,000) and sixty thousand dollars  
18 (\$60,000) to train and orient each new nurse, preventing turn-over  
19 from injuries will save hospitals money.

20 SEC. 3. Section 6403.5 is added to the Labor Code, to read:

21 6403.5. (a) As a part of their injury and illness prevention  
22 programs required by this chapter, all general acute care hospitals  
23 as defined in subdivision (a) of Section 1250 of the Health and  
24 Safety Code shall adopt a patient protection and health care worker  
25 back and musculoskeletal injury prevention plan. The plan shall  
26 include a zero lift policy component reflected in professional  
27 occupational safety guidelines for the protection of patients and  
28 health care workers in health care facilities.

29 (b) Each hospital shall develop its own individual lift, reposition,  
30 and transfer needs assessment to determine if a patient requires  
31 the use of a lift team or specialized equipment for patient lifts,  
32 repositions, and transfers. Patients identified as being at risk of  
33 injury due to a lift, reposition, or transfer and patient repositioning,

1 or transfers identified, using the individual hospital's own needs  
2 assessment, as having potential for placing health care workers at  
3 risk of being injured while lifting, repositioning, or transferring a  
4 patient shall require a lift team or specialized equipment to lift,  
5 reposition, or transfer the patient. For patients not at risk for injury,  
6 due to a lift, reposition, or transfer and patient lift, repositioning,  
7 or transfers identified, using the individual hospital's own needs  
8 assessment, as having little or no potential for placing health care  
9 workers at risk of being injured, a lift team or specialized  
10 equipment to lift, reposition, or transfer the patient shall not be  
11 required. Nothing in this section precludes lift team members from  
12 performing other duties as assigned during their shift.

13 (c) For the purposes of this section, the following terms have  
14 the following meanings:

15 (1) "Lift, reposition, and transfer needs assessment" means a  
16 system whereby patients are identified based on the potential risk  
17 of injury to the patient or to the health care worker in the event  
18 that the patient requires a lift, to be repositioned or transferred,  
19 consistent with the professional judgment and clinical assessment  
20 of the registered nurse.

21 (2) "Lift team" means hospital employees specially trained to  
22 handle patient lifts, repositions, and transfers using patient transfer  
23 devices or lifting devices as appropriate for the specific patient  
24 based on the individual hospital's own needs assessment.

25 (3) "Zero lift policy" as used in this section is a term of art  
26 recognized internationally to mean replacing unassisted manual  
27 lifting, repositioning, and transferring of patients with the use of  
28 patient transfer devices, lifting devices, and lift teams. Zero lift  
29 policy as used in this section does not require the use of patient  
30 transfer or lifting devices when the individual hospital's own needs  
31 assessment indicates it is safe for the patient and the employee to  
32 utilize techniques not requiring the use of patient transfer and  
33 lifting devices.

34 (d) Each general acute care hospital subject to this section shall  
35 provide training to health care workers on the appropriate use of  
36 the lifting devices and equipment. Training for these health care  
37 workers shall include, but not be limited to, body mechanics and  
38 the use of lifting devices to safely handle patients.

39 (e) Lift team members shall be given specialized training and  
40 shall demonstrate proficiency in safe techniques for lifting,

1 repositioning, and transferring patients and the appropriate use of  
2 lifting, repositioning, or transferring devices and equipment.

3 (f) Unless specifically contraindicated by a patient's condition  
4 or medical status, lift teams shall utilize lifting and transfer devices  
5 and equipment when lifting, repositioning, or transferring patients.

6 (g) A health care worker who refuses to lift, reposition, or  
7 transfer a patient due to concerns about patient and worker safety  
8 and the lack of trained lift team personnel or equipment may not,  
9 based upon the refusal, be the subject of disciplinary action by the  
10 hospital or any of its managers or employees.

11 (h) Notwithstanding subdivision (g), the hospital, its managers,  
12 or its employees may discipline a health care worker who refuses  
13 to lift, reposition, or transfer a patient if the health care worker has  
14 been trained on appropriate patient and equipment lifting  
15 procedures, and has appropriate, functional devices and equipment  
16 available to perform the requested lift, reposition, or transfer.